

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

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|--|---|
| Type of Requestor: (x) HCP () IE () IC | Response Timely Filed? () Yes (x) No |
| Requestor's Name and Address Texas Orthopedic Hospital C/o Hollaway & Gumbert 3701 Kirby Dr., Suite 1288 Houston, TX 77098-3926 | MDR Tracking No.: M4-04-5048-01 |
| | TWCC No.: |
| | Injured Employee's Name: |
| Respondent's Name and Address TPCIGA for Reliance National Ins. Co./Rep. Box #: 50 C/o Stone Loughlin & Swanson, LLP P.O. Box 30111 Austin, TX 78755 | Date of Injury: |
| | Employer's Name: HI Sierra Development Inc |
| | Insurance Carrier's No.: 003960000924770001 |

PART II: SUMMARY OF DISPUTE AND FINDINGS

| Dates of Service | | CPT Code(s) or Description | Amount in Dispute | Amount Due |
|------------------|----------|----------------------------|-------------------|-------------|
| From | To | | | |
| 02-20-03 | 03-01-03 | Inpatient Hospitalization | \$28,008.22 | \$10,400.75 |
| | | | | |

PART III: REQUESTOR'S POSITION SUMMARY

Position summary June 18, 2003 states, "... Our client has advised that the... claim has not been properly paid. Specifically, per Rule 134.401(c)(6)(A)(i)(iii), once the bill has reached the minimum stop-loss threshold of \$40K, the entire admission will be paid using the stop-loss reimbursement factor..."

PART IV: RESPONDENT'S POSITION SUMMARY

Response is untimely.

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

This dispute relates to inpatient services provided in hospital setting with reimbursement subject to the provisions of Rule 134.401 (Acute Care Inpatient Hospital Fee Guideline). The hospital has requested reimbursement according to the stop-loss method contained in that rule. Rule 134.401(c)(6) establishes that the stop-loss method is to be used for "unusually costly services." The explanation that follows this paragraph indicates that in order to determine if "unusually costly services" were provided, the admission must not only exceed \$40,000 in total audited charges, but also involve "unusually extensive services."

After reviewing the documentation provided by both parties, it **does** appear that this particular admission involved "unusually extensive services." In particular, this admission resulted in a hospital stay of 9 days based upon "... 1. Irrigation and debridement of skin, subcutaneous tissue, muscle and bone, right lower extremity. 2. Ankle arthrotomy with debridement, right ankle. 3. Partial excision and craterization of right tibia. 4. Partial excision and craterization of right talus. 5. Partial excision and craterization of right calcaneus. 6. Placement of antibiotic beads, right chronic osteomyelitis cavity. 7. Complex wound closure, 15 cm posterior aspect of right foot and ankle..." Accordingly, the stop-loss method does apply and the reimbursement is to be based on the per diem plus carve-out methodology described in the same rule.

In determining the total audited charges, it must be noted that the insurance carrier has indicated some question regarding the charges for the implantables. The requestor billed \$32,873.45 for the implantables. The carrier paid \$5,127.26 for the implantables. The key issue is what amount would represent the usual and customary charges for these implantables in determining the total audited charges. The requestor did not provide the Commission with any documentation on the actual cost of implantables or how their charges were derived. Based on a review of numerous medical disputes and our experience, the average markup for implantables in many hospitals is 200%.

Based on a reimbursement of \$5,127.26, it appears that the carrier found that the cost for the implantables was \$4,661.15 (reimbursed amount divided by 110%). This amount multiplied by the average mark-up of 200% results in an audited charge for implantables equal to \$9,322.29.

The audited charges for this admission, excluding implantables, equals \$76,398.28. This amount plus the above calculated audited

charges for the implantables equals \$87,720.57, the total audited charges. This amount multiplied by the stop-loss reimbursement factor (75%) results in a workers' compensation reimbursement amount equal to \$10,400.75 (\$64,290.43-\$53,889.68 (amount paid by respondent)).

Based on the facts of this situation, the parties' positions, and the application of the provisions of Rule 134.401(c), we find that the health care provider is entitled to a reimbursement amount for these services equal to \$10,400.75.

PART VI: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to additional reimbursement in the amount of \$10,400.75. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Ordered by:

Allen McDonald

6-16-05

Authorized Signature

Typed Name

Date of Order

PART VII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on _____. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

PART VIII: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____